Provider Number	Hospital Name	Address 1
500016	CENTRAL WASHINGTON HOSPITAL	1201 SOUTH MILLER STREET
500033	SAMARITAN HOSPITAL	801 EAST WHEELER ROAD
500054	PROVIDENCE SACRED HEART MEDICAL CENTER	101 WEST 8TH AVENUE
500148	WENATCHEE VALLEY HOSPITAL	820 NORTH CHELAN STREET

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Address 2	Address 3	City	State
		WENATCHEE	WA
		MOSES LAKE	WA
		SPOKANE	WA
		WENATCHEE	WA

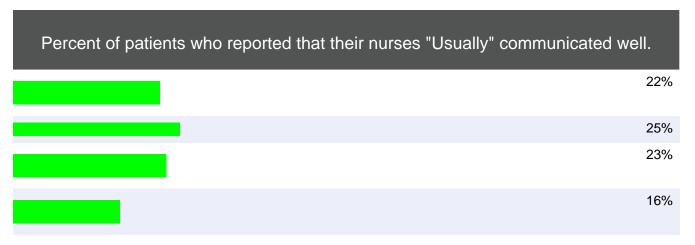
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ZIP Code	County Name	Phone Number
98807	CHELAN	5096621511
98837	GRANT	5097655606
99204	SPOKANE	5094743040
98801	CHELAN	5096638711

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Percent of patients who reported that their nurses "Sometimes "Never" communicated well.	s" or
	5%
	5%
	5%
	2%

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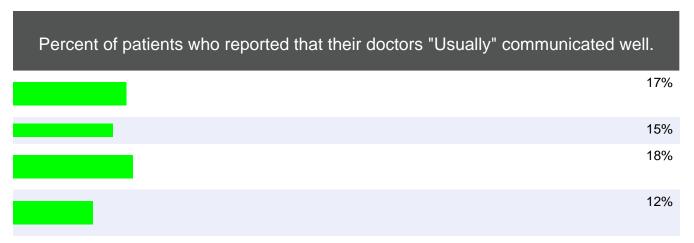
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Percent of patients who reported that their doctors "Sometimes" or "Never" communicated well.	
	4%
	4%
	5%
	3%

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Percent of patients who reported that they "Sometimes" or "Never	er" received help as
	10%
	9%
	13%
	6%

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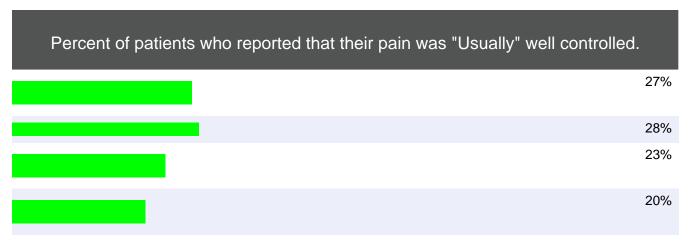
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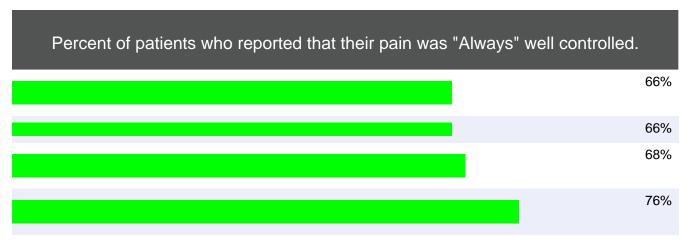
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Percent of patients who repo	rted that their pain was "Sometimes" or "Never" well controlled.
	7%
	6%
	9%
	4%

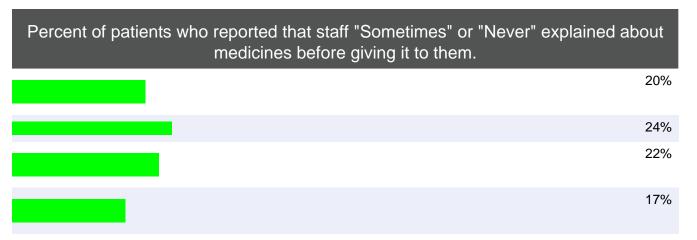
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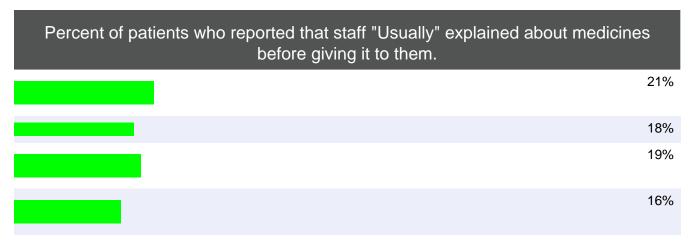
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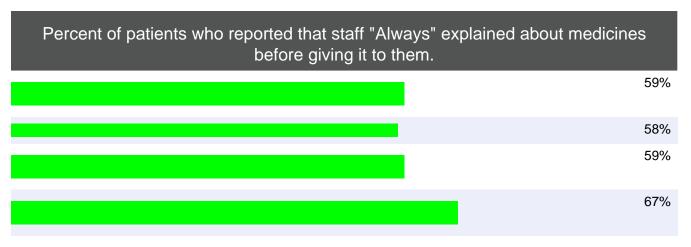
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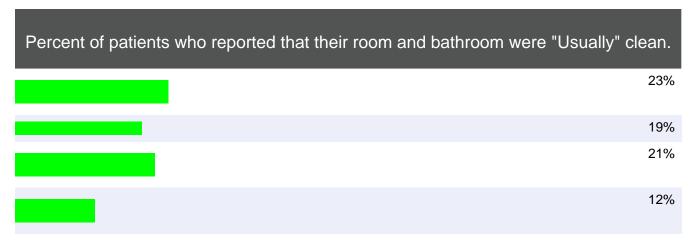
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Percent of patients who reported that their room and "Never" clean.	d bathroom were "Sometimes" or
	8%
	7%
	10%
	7%

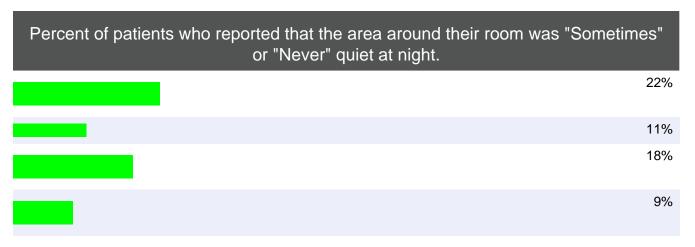
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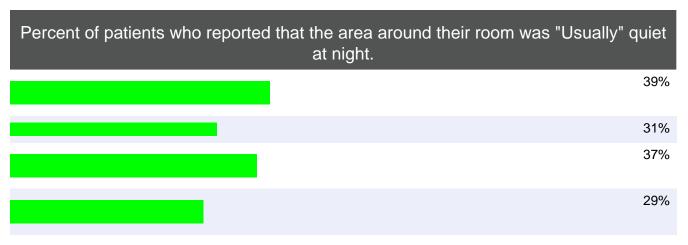
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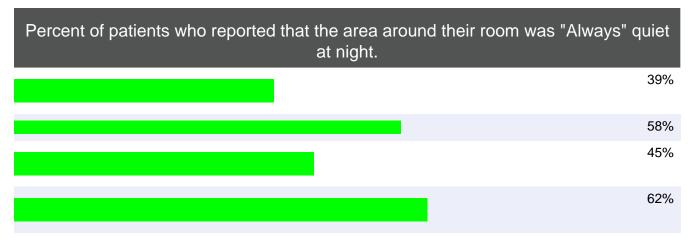
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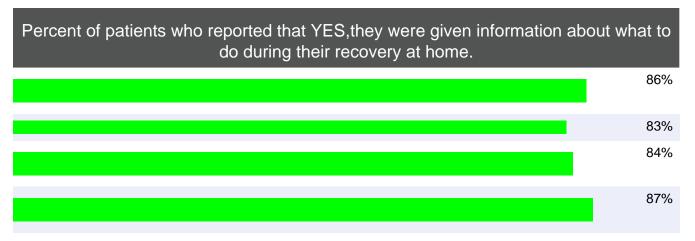
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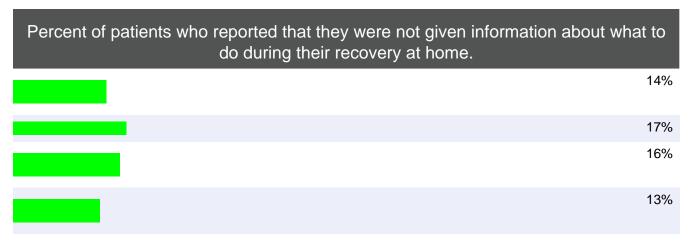
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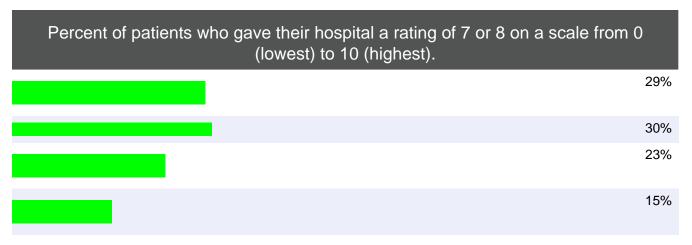
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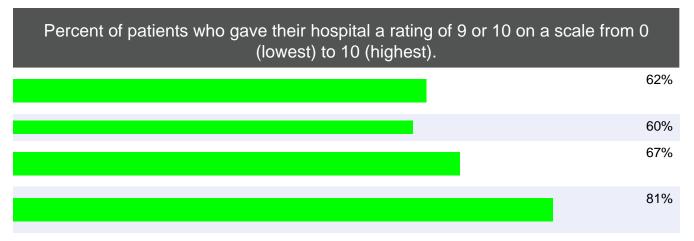
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Percent of patients who gave their hospital a rating of 6 or lower or (lowest) to 10 (highest).	n a scale from 0
	9%
	10%
	10%
	4%

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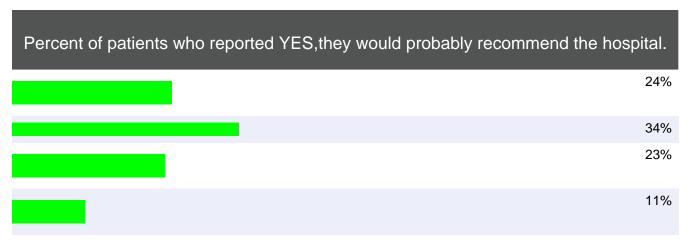
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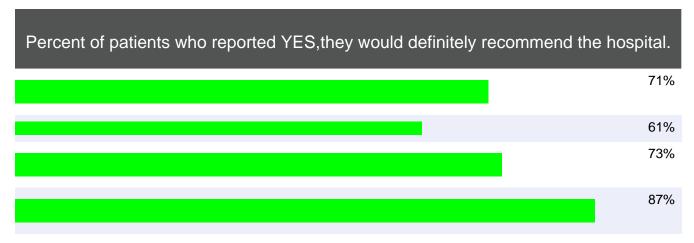
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Percent of patients who reported NO, they would not recommend the hospital.	
	5%
	5%
	4%
	2%

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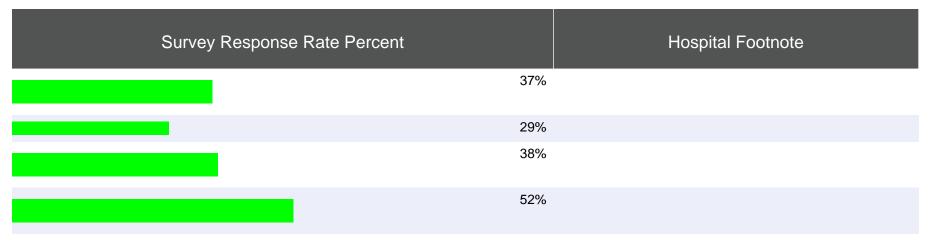
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	Number of Completed Surveys
300 or more	

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